



Docket No.: 1734.1002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Kota ARIYAMA

Serial No. 09/421,005

Group Art Unit: 2189

Confirmation No. 3533

Filed: October 20, 1999

Examiner: Paul R. Myers

For: INFORMATION PROCESSING APPARATUS, INFORMATION PROCESSING METHOD
AND COMPUTER READABLE MEDIUM

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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Technology Center 2100

Sir:

This is in response to the Office Action mailed November 25, 2003, and having a period for response set to expire on February 25, 2004.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.



2189

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL	Attorney Docket No.	1734.1002	
	Application Number	09/421,005	
	Filing Date	October 20, 1999	
	First Named Inventor	Kota ARIYAMA	
	Group Art Unit	2189	
AMOUNT ENCLOSED	0.00	Examiner Name	Paul R. Myers

FEE CALCULATION (fees effective 10/01/03)

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	14	- 20 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	6	- 7 =	0	X \$ 86.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>February 25, 2004</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$420); 3 months (\$950); 4 months (\$1,480); 5 months (\$2,010)):					
If Notice of Appeal is enclosed, add (\$330.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 0.00

(1) If entry (1) is less than entry (2), entry (3) is "0".

(2) If entry (2) is less than 20, change entry (2) to "20".

(4) If entry (4) is less than entry (5), entry (6) is "0".

(5) If entry (5) is less than 3, change entry (5) to "3".

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METHOD OF PAYMENT

<input type="checkbox"/> Check enclosed as payment.	Technology Center 2100
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.	
<input checked="" type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).	

GENERAL AUTHORIZATION

<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:	
Deposit Account No.	19-3935
Deposit Account Name	STAAS & HALSEY LLP
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.	

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name	James T. Strom	Reg. No.	48,702
Signature		Date	25 FEB 2004